2006 LIMITED LIABILITY COMPANT ANNUAL REPORT

DOCUMENT # L04000049081 FILED 1. Entity Name Apr 14, 2006 08:00 AN ZERO AUTOMOTIVE, LLC **Secretary of State** Mailing Address Principal Place of Business 7410 GROVER LANE 7410 GROVER LANE LAND O LAKES, FL 34639 LAND O LAKES, FL 34639 CR2E083 (11/05) 04152006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1109139 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOORE, FRED A SR 7410 GROVER LANE LAND O LAKES, FL 34639 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 HONDING FOLDA MANAGING MEMBERS/MANAGERS 9. 04/28/06-80070-023 50.00 TITLE MOORE, FRED SR NAME PO BOX 153 STREET ADDRESS CITY-ST-7IP LAND O LAKES, FL 34639 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Date

Daytime Phone ≹